U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

REC'D	
E CLAS DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 526 (2. Fiscal Year Covered From:	
-	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Timothy G Karls	Name Laborers Local 563	
, , , , , , , , , , , , , , , , , , ,	Labor Organization File Number 012456	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2915 94th L. NE	Street 901 14th Av NE	
city Blaine	city Hpls	
State D D ZIP Code +4 55	The state of the s	
5. Position in labor organization. Business Agent		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A Hald as interest in a second in terms of including laws with an depicted in second at the page and in terms of the		

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
Subor	
City	
State ZIP Code + 4	

Signature

15. Signature and vermication. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 8. Name I and it is any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite C. Employer Street 2530 Plot Knob Rd Qx Mendota Hts State MW ZIP Code + 4 55120 11.a. Nature of such dealing. 11.a. Nature of such dealing. 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 20 Mendota Hts State MW ZIP Code + 4 55120 12.b. Amount.	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the Dusiness of an employer whose employees your labor organization represents or is actively seeling to represent, or (2) any part of which consists of buying from or selling or leasing directly to rindirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 8. Name Address of Business (including trade name, if any). 9. Business deals with: 9. Business deals with: 10. Box, Bidg., Room No., if any 11.a. Nature of such dealing. 11.a. Nature of interest hold or income received. 11.b. Approximate dollar value of such dealing. 11.a. Nature of interest hold or income received.	Name of Person Filing	File Number U-		
Name Zenith Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite 355 Street 2520 Pilot Knob Rd QV Mendota Hts State MW ZIP Code + 4 55120 10. if 9.b. or 9.c. is checked give trust or employer's name. Name Labores Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite 325 Street 2520 Pilot Knob Rd 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 11.c. Nature of interest held or income received. QUE Outing QUE Outing	Name Zenith Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite 255 Street 2520 Pilot Knob Rd ON Mendota Hts State MW ZIP Code + 4 55120 11.a. Nature of such dealing. 11.a. Nature of such dealing. 3 party Administrator P.O. Box, Bldg., Room No., if any POBOX 124 Suite 325 Street 2520 Pilot Knob Rd Street 2520 Pilot Knob Rd 11.b. Approximate dollar value of such dealing. 11.a. Nature of interest held or income received. 3 party Administrator 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise			
Name Labores Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite 32 Street 2520 Pilot Knob Rd City Wend tha Hts State MW ZIP Code + 4 55120 South Administrator 3 party Administrator 3 party Administrator 3 party Administrator 3 party Administrator 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	Name Labores trust Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suitr 32t Street 2520 Pilot Knob Rd City Wend sta Hts State MW ZIP Code + 4 55120 Administrator 3 party Administrator 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. QUIT Outing	Name Zenith Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 124 Suite Street 2520 Pilot Knob Rd Only Mendota Hts	a. Labor Organization b. Trust		
		Name Labores Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any POBOX 124 Suite 32 Street 2520 Pilot Knob Rd City Wend ota Hts	3 party Administrator 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 904 oxing		

or from any tabor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.